


RENEWABLE ELECTRICAL ENERGY PERMIT APPLICATION

	CITY OF NEWPORT Community Development Dept. 169 SW Coast Hwy Newport, OR 97365 (541) 574-0629 (541) 574-0644 Fax INSP: BuildingPermits.Oregon.gov	Office Use only Permit #: _____ Parent Permit Applicable? Yes No Parent #: _____
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Applications may be obtained online at:

www.newportoregon.gov/business/formsAppsPermits.asp

Application **MUST** be complete for processing, or will be returned.

1. Job Information (where work is taking place)

Job Site Address: _____

2. Owner's Name: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

Is this installation being made on your own residential property by you (owner) or a member of your immediate family; and where the property is not intended for sale, exchange, lease, or rent?

____ Yes ____ No

3. Applicant Information (owner or authorized agent)

☐ Mark if same as owner ☐ Mark if same as contractor

Name of Applicant: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

4. Contractor Information (person/company performing work)

Name of contractor: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

OR CCB # (req'd): _____ Active? ☐

Elec. Contr. Lic. (req'd): Type: _____

#: _____

City Business License # (req'd): _____

5. Contact Person (receives permit correspondence)

same as: ☐ owner ☐ contractor ☐ applicant

Name of Contact: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Email: _____

6. Full Description of work proposed: _____

7. JOB INFORMATION – to be completed by Applicant:

Construction Category: (check one)	Work Type: (check one)
<input type="checkbox"/> Commercial	<input type="checkbox"/> New
<input type="checkbox"/> Industrial	<input type="checkbox"/> Replacement
<input type="checkbox"/> One or Two-Family	<input type="checkbox"/> Alteration
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Repair
<input type="checkbox"/> Manufactured Home	

RENEWABLE ENERGY PLAN REVIEW REQUIREMENTS

Renewable Electrical Energy Systems in **excess of 25 kva** are considered complex by OAR 918-311-0040 & require two sets of plans to be submitted with this application for review.

FEE SCHEDULE				
Number of Inspections allowed per permit →				
Description	Qty	Each	Total	#
SOLAR GENERATION SYSTEMS				
5 kva or less		\$98.50		3
5.01 kva through 15 kva		\$117.25		3
15.01 kva through 25 kva		\$195.00		3
Solar generation in excess of 25kva \$6.25 per kva over 25 kva, \$156.00 for first 25 kva — <i>The permit charge will not increase beyond the calculation for 100 kva</i>		\$156.00 \$6.25		3
WIND GENERATION SYSTEMS				
25.01 kva through 50 kva (flat rate)		\$255.00		3
50.01 kva through 100 kva (flat rate) — <i>The permit charge will not increase beyond the calculation for 100 kva</i>		\$585.00		3
Ea. Add'l inspection over allowable in any of the above				
Re-inspection fee per hr. (1 hr. minimum)		\$75.00		
ELECTRICAL PERMIT FEES				
A) Permit Subtotal (from above checklist)				
B) Minimum Permit Fee (only if Line A is less than \$75 = \$75.00)				
C) Permit Total (A or B above)				
Investigation fee – working without permits (\$75/hr. w/1-hr. min.)				
Plan Review (30% of permit subtotal = C x 0.30)				
State Surcharge (12% of permit subtotal = C x 0.12)				
TOTAL PERMIT FEE				

Note: This permit becomes null & void if work authorized is not commenced within 180 days, or if work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify I have read & examined this application & know the same to be true & correct. All provisions of laws & ordinances governing this type of work will be complied with whether specified herein or not.

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By attaching a signature, I certify herein that I have read, understood, and confirm all the statements listed above & throughout the application form. I agree: ____

Authorized/Owner Signature: _____

Print Name: _____

Date: _____